



Outpatient Infusion Center
Entyvio Order

Please fax form to: 580-585-5472

Patient Information

Patient Name: DOB: Phone: Gender: M F
Patient Address: Email: Insurance:

Additional Information Needed

Checkboxes for Fax front/back of insurance card, Fax clinical/progress notes, Fax labs, Fax patient demographics, Fax current medication list, Fax TB and Hep B results

Diagnosis and Clinical Information

Diagnosis (ICD-10):

Checkboxes for K50.10 Crohn's Disease of Large Intestine without complications, K50.90 Crohn's Disease, Unspecified, without complications, K51.00 Ulcerative Chronic Pancolitis without complications, K51.90 Ulcerative Colitis, unspecified without complications, Other: DX:

Clinical Information:

Checkboxes for New Therapy Induction, Therapy Change, Therapy Continuation, Patient Weight, Patient Height, Allergies, Therapies Tried and Failed, TB Test, Hep B Test, Does the patient have venous access?

Lab Orders

Checkboxes for CBC w/o diff, CMP, ESR, CRP, HBsAg, HBsAB, HBcAB, Quantiferon Gold, Other:

Lab Orders to be done by

Checkboxes for Infusion Services, Referring Provider

Prescription Information

Checkboxes for Entyvio, Initial Dose: 300mg beginning week, 2 weeks and 6 weeks, Maintenance Dose: 300mg every 8 weeks after week 6

Misc Orders

Checkboxes for PICC/Midline/CAD dressing to be changed every 7 days, Fluses (10mL NS Flush Syringe PRN, Heparin 500units/5mL Flush Syringe PRN, 50ml NS Bag PRN, 250ml NS Bag PRN)

Standing Orders for Adverse Reaction

Checkboxes for Stop infusion and initiate NS bolus, Notify Supervising physician and ordering provider, Solu-Cortef 100mg SIVP signs of adverse reaction, Benadryl 25 mg SIVP for hives or bronchial inflammation, Epi 1:1000 1mL IM, IV or SQ for anaphylaxis, Oxygen 2-5L nasal cannula, Albuterol 2.5mg inhaled PRN to chest tightness, Other:

Prescriber Information

Physician Name: Official Contact Name: Contact #: Fax Number: Address: City/State/Zip: NPI#: DEA#: State License #:

Physician's Signature Date Time

